

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097142452

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	11	↔	↔	↔		
TOTAL CLAIMS	12	[REDACTED]	[REDACTED]	[REDACTED]		

SERIAL NO.	097142452			FILING DATE
APPLICANT(S)				
CLAIMS	*	*	*	
IND.	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
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94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		↔	↔	↔
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]